CLAIM FOR PAYMENT

1.	Claimant Na	me:			
2.	Social Secur	ity #: Tax I.D. # (if applicable):			
3.	Address, Cit	y, State & Zip:			
4.	Telephone:	Home No Work No			
5.	Walter, Rece World Marke 00-1459-WE following na	gned hereby makes claim for payment from the funds presently held by Roger. Eiver <i>Pendente Lite</i> , in the case of <i>Securities and Exchange Commission v. Net eting, Inc., et al.</i> , U.S. District Court for the District of Kansas, Civil Action No. EB. The undersigned makes this claim based on his/her investment in the amed investment program(s). (If you invested in more than one program, a tim For Payment must be completed for each program.):			
	a.	The complete name and address (if any) of the company or program:			
	b.	Amount invested:			
	c.	Date invested:			
	d.	The complete name, address, telephone number and account number, it known, to whom/which payment was made:			
		·			
6.	This claim is	s made by the undersigned:			
	(a)	As original owner/investor.			
	(b)	Under assignment or transfer (copies attached).			
	(c)	Other (please specify and explain)			

7.	I have knowledge of this investment as follows: (Described fully and in complete detail how you came to invest in this Company, i.e., how and by whom you were first solicited to make this investment; what literature, contracts, prospectus, and other documents you were provided before making your investment. Attach copies of <u>all</u> documents that you believe would assist in determining the validity of your claim, including but not limited to, copies of all the documents you received, at any time, in connection with this investment and all documents reflecting your investment, i.e., cancelled checks, wire transfers, cash receipts, etc. Use additional sheets as needed to fully answer this question.)					
involve	ter, sponsor, sa	les representative, investor evestment program and w	or) all persons you know	program (i.e., organizer, of who could verify your formation provided in this		
	<u>Name</u>	Address	Phone #	<u>Role</u>		
9.	State the amount of money you have been paid, to date, arising out of or related to your investment in this investment program and the nature of the payment (i.e., return on investment, interest, profit, commission, repayment of principal). State, if known, the name and address of the bank or other financial institution from which payment was made.					

	e to provide additional info		sted by the Receiver or hi
	Yes		
	No		
Complete only	y if claiming as an heir:		
If you are clair to the deceased	ming as an heir, list the name l investor, i.e., son, widow, ac		
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If you are clair to the deceased code and telep	ning as an heir, list the named investor, i.e., son, widow, achone number. Relationship	dopted son, nephew _Address	v, etc., address, including zij
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THE INFORMATION PROVIDED IN THIS CLAIM FOR PAYMENT WILL BE SHARED WITH THE SECURITIES EXCHANGE COMMISSION

Note: Claim form must be signed and notarized to be processed.

MAIL TO: Morris, Laing, Evans, Brock & Kennedy, Chtd.
Attn: Tamy St. John
Old Town Square
300 North Mead
Wichita, Kansas 67202-2722

Verification

In making this claim, I certify upon my oath and under penalty of perjury that the information set forth above is true, complete and correct; that all persons known to me who might also have a claim to the money or property I am claiming by executing and submitting this form are identified herein; that the documents attached hereto are all the documents I have in my possession or under my control which are responsive to the questions asked or requests made in this Claim For Payment form; that I hereby agree to hold Roger N. Walter, Receiver *Pendente Lite*, his attorneys, agents and representatives, harmless against all claims of all others for payments which may be paid to me on account of the representations made herein; and, that I will be responsible for making further distributions to such others, if any there be, if the investment described above is repaid (in whole or in part) to me by the said Receiver.

I understand that Roger N. Walter is a Receiver appointed by the Court and performing certain duties under the direction of the Court. I understand he is not my attorney and is not acting on my behalf. I understand that it is my responsibility to secure the advice and counsel of my own personal attorney to advise me as to any claims I have or remedies that may be available to me arising our of or related to my investment in the program identified in paragraph number 5, above. I understand that if I do not assert whatever claim(s) I may have arising out of or related to my investment in the program identified above within the time permitted by law my claim(s) may be barred.

	Signature of Claimant
STATE OF)	-
)ss:	
COUNTY OF)	
Subscribed and sworn to before m	ne this, 20
My Appointment Expires on:	Notary Public